

**APL 17-020**

**Attachment #2: Rates for American Indian Health Program Providers**

**Last Updated: 2/13/2019**

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<b>American Indian Health Program Rates</b>	<b>CY 2019 Rates</b>
Dual Rate (Medi-Cal beneficiaries with full Medicare coverage or Medicare Part B only) <sup>1</sup>	\$313.07
Non-Dual Rate (Medi-Cal beneficiaries that do not have Medicare Coverage or has Medicare Part A only)	\$455.00

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<sup>1</sup> To illustrate using the amounts applicable in 2019: The “Outpatient Per Visit Rate (Excluding Medicare)” is \$455.00. The 42 USC 1395w-4 Medicare PPS rate calculated using the Geographic Adjustment Factor (GAF) for Locality #75 (Rest of California) is equal to \$177.41, which is the product of base PPS rate of \$169.77 multiplied by the GAF of 1.045. The 80 percent multiplier reduces this PPS rate to \$141.93 (the 20 percent reduction accounts for any coinsurance requirements that would be covered by Medi-Cal for dual eligible beneficiaries.). Thus the required payment is \$313.07.